

Print Form Reset Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed				Comm			Lobbyist		
Number		(Mark X)			<u> </u>					
Name of Filing Committee, Candidate or Lobbyist John Morgan										
Street Address	1604	Biebei Ave	nue							
City Erie	State		PA	Zip Co	Code 16509					
Type of Report (Place x under report type)										
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po	ost 4-6 th	Tuesday	5- 2 nd Friday	6- 30 Day	Post 7- Ann	7- Annual Special 2 nd Friday				
Pre-Primary Pre-Primary Primary	Pre- I	Election	Pre- Election	Election		Pre-Elect	Pre-Election Po		ost-Election	
Date Of Election (MM/DD/YYYY)	Year			Amendme Report	ent	Terminat Report	Termination Report			
Summary of Receipts and From Date		To Date	e .			For Office Use	Only	<u> </u>		
Expenditures 1/1/2017		12	//31/2017							
A. Amount Brought Forward From Last Rep	ort \$	5	0				<u></u>			
B. Total Monetary Contributions and Recei (From Schedule I)	pts \$	\$ 0								
C. Total Funds Available	\$	 					<u></u>		÷	
(Sum of Lines A and B)			0	- 130 - 30						
D. Total Expenditures (From Schedule III)		`	0	■ 1 · · · · · · · · · · · · · · · · · ·						
E. Ending Cash Balance	\$; 		PH 3: L						
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	5		0							
(From Schedule II)										
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5	0							
		•	Affidavit S	ection				·		
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the a	n here. If 1	this is a Car	ndidate report, o	andidate sign l	here.	poliof true, correct	and comple	to .		
Sworn to and subscribed before me this	ittachen si	chedules of	ii paper, is to the	e best of my kil	/ wieuge and b	2. /	and comple	te.		
1) Old day of January 20 18	Who E Jany									
Danier Wilt				Signature of Person Submitting report						
Signature			_	Printed Name						
MMONWEALTH OF PENUS QVANO		•	_	814 864-5732						
Tonia Wilt, Notary Public DAY	Area Code		Daytime Teleph	ione Numbe	er					
Part-II-If this is a report of a Candidate's Authori	zed Comm	i ttee , cand	lidate shall sign	here.		=				
swear (or affirm) that to the best of my knowled amended.	ige and be	lief this po	litical committee	e has not violat	ed any provisio	ons of the Act of Ju	ne 3, 1 9 37 ((P.L. 1333, N	D.320) as	
Sworn to and subscribed before me this										
day of20		١.	=		Signature of	Candidate				
				Signature of Candidate						
Signature					Printed I	Name				
My Commission expires			-	Aroa Codo			ana Numba	<u></u>		
MO. DAY YR.				Area Code		Daytime Telepho	vie Matubel	I		

